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FEC MAIL CENTER

Committee Name:	
Communities Applied Policy Strategies	
If registered, FEC ID:	
Today's Date:	
November 4,2014	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Treasurer's Name:

Robert Martinez

Respectfully submitted,

Treasurer

HTOM: LMT: OWNM

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1		OI	RGAN	IZATI	ON			Office Use Only	UEHTER
1. NAME OF COMMITTEE (in	n full)		heck if name changed)		ample:If typing, type or the lines.	12F	Ĕ 4 Ă5	~ ~ ~	
COMMUN	IITIE	S APF	PLIED	POL	IÇY STRA	ĄŢĘĢ	IES) 	
ADDRESS (number a	nd street)	7654	İŞĻĘ	YAV	ENUE	1111	<u> </u>		1111
(Check if a is changed)		LAS	VEGA	AS		, NV	<u>'</u>	89147	4003
				CITY		STATE	=	ZIP CO	DE
COMMITTEE'S E-MA (Check if is change	address				s@gmail.	çom,	11		
COMMITTEE'S WEE	PAGE AD	DRESS (UR	L)						
(Check if is change		 					<u> </u>		——————————————————————————————————————
2. DATE 1	<u>'</u>	° 20	14						
3. FEC IDENTIFI	CATION N	UMBER			V V V V				
4. IS THIS STATE	MENT X	NEW	N) O	R [AMENDED (A	A)			
I certify that I have	examined ti	his Statemer	nt and to the	best of my	knowledge and bel	lief it is true,	correct	and complete.	
Type or Print Name	of Treasure	$\frac{Rot}{O}$	pert M	artine A	Z		 		
Signature of Treasur	er Z	مان	III	VY		Date	11	′ 04° ′	2014
NOTE: Submission of	false, erron				ubject the person sign				U.S.C. §437g.
Office Use					For further informat Federal Election Com Toll Free 800-424-953	mission		FEC FOI	

	m 1 (Revised 02/2009)	Page 2
TYPE OF Co	OMMITTEE Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	•
Name of Candidate		
Party Con	mittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Pa
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization
	Corporation Corporation w/o Capital Stock	Labor Organizatio
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	·
(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or p
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political

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Write or Type Committee Name	
COMMUNITIES APPLIED POLICY STRATEGIES	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE	
Mailing Address	
	1
	1-1 1
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in phooks and records.	possession of committee
Full Name	
Mailing Address:	
Title or Position CITY STATE	ZIP CODE
TREASURER Telephone number	<u></u>
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name of Treasurer POBERT MARTINEZ	
Mailing Address 7654 ISLEY AVENUE	
Mailing Address 7654 ISLEY AVENUE LAS VEGAS NV 1891	47 _{J-1} 4003
Mailing Address	474003 ZIP CODE

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FEC Forr	n 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
		4111411
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	<u> </u>
Name of Bank,	oxes or maintains funds. Depository, etc.	·
Mailing Address		
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		<u></u>
·	CITY STATE	ZIP CODE

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(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked JSPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED